Your name		Your SSN or ITIN:		
Step 5a Use Tax	22 Use tax. This is	not a total line. See instructions, page 8	● 22	0,0
Step 6	Voluntary Contributions. See instructions, page 9			<u>Amount</u>
Contributions	California Senio	ors Special Fund	• 52	00
	Alzheimer's Disc	ease/Related Disorders Fund	• 53	00
	California Fund	for Senior Citizens	• 54	00
	Rare and Endangered Species Preservation Program		• 55	00
	State Children's Trust Fund for the Prevention of Child Abuse		• 56	00
	California Breast Cancer Research Fund		• 57	00
	California Firefighters' Memorial Fund		• 58	00
	Emergency Foo	od Assistance Program Fund	• 59	00
	California Peace	e Officer Memorial Foundation Fund	• 60	00
	Asthma and Lur	ng Disease Research Fund	• 61	00
	California Missio	ons Foundation Fund	• 62	00
	California Milita	ry Family Relief Fund	• 63	00
	California Prostate Cancer Research Fund • 64			00
Refund or Amount You Owe	is less than line 22 and line 23, enter the difference on line 25. See instructions, page 9. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 24 25 AMOUNT YOU OWE. Add line 21, line 22, and line 23. See instructions, page 9. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 25 Or, pay online with FTB's Web Pay – Go to our Website at www.ftb.ca.gov			
		Get Your Refund Faster with Direct Deposit	-	
Direct Deposit (Refund Only)		heck or a deposit slip. See instructions, page 12. ave your refund directly deposited. Routing numbe	er ●	
	Account Type: Chec	cking • Savings •		
Under penaltie complete.	s of perjury, I declare that	, to the best of my knowledge and belief, the informatio	n on this return is tr	ue, correct, and
Step 8	Variation at the second	Consideration (CENTER STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND ADDRESS OF THE STA	Doubling a house and he	w (anti-nal)
Cian Hara	Your signature Spouse's signature (if filing jointly, both must sign)		Daytime phone number	r (optional)
Sign Here It is unlawful to forge a spouse's signature. Joint return? See instructions,	X			S SSN/PTIN
	Firm's name (or yours if self-emp	loyed) Firm's address	FEIN	
page 9.	Plea	ase note, do not attach a copy of your federal tax retu	rn to Form 540 2EZ	•
Side 2 Form 5	40 2EZ c1 2004	2EZ04203		